



Dana E. Blackwell
Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

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APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **February 6, 2006**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Patricia Curry
Ann E. Franzen
Helen A. Kleinberg
Dr. La-Doris McClaney
Rev. Cecil L. Murray
Wendy L. Ramallo
Sandra Rudnick
Adelina Sorkin
Dr. Harriette F. Williams

COMMISSIONERS ABSENT (Excused/Unexcused)

Hon. Joyce Fahey
Daisy Ma
Susan F. Friedman
Stacey F. Winkler

YOUTH REPRESENTATIVE

Jason Anderson

APPROVAL OF THE AGENDA

The agenda for the February 6, 2006, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes of the January 23, 2006, general meeting were unanimously approved as amended.

CHAIR'S REPORT

- Chair Kleinberg attended the last Mental Health Commission meeting, and members of that body will attend the March 6 Children's Commission meeting, when an update on the joint DCFS/DMH plan for foster youth will be presented. She would like to see the two commissions work together on the plans implementation.
- From 12:30 to 2:30 p.m. on February 23, DCFS and DMH staff will answer questions at DCFS headquarters about current planning and strategies for MHSA funding. Chair Kleinberg urged Commissioners to attend and contact Dana Blackwell to RSVP.
- DCFS is seeking to fill internally the division chief position vacated by the retiring Beverly Muench, who handled training, government relations, and policy. Chair Kleinberg has participated in initial interviews, and the process continues.
- Chair Kleinberg has been asked to address ACHSA about the Commission's view of foster family agencies (FFAs), and she asked Commissioners with something to contribute to that discussion to contact her.
- An open house for LAUP, the universal preschool organization, will take place on February 23 from 4:00 to 7:00 p.m. at its offices in the Union Station complex.
- Chair Kleinberg reviewed committee assignments for this year, commenting that there are many external committees taking place on which Commission representation is needed. Children's Law Center has requested Commission participation to help plan the upcoming mental health summit, and that DCFS had requested Commission participation on the reconstituted runaway task force (meeting February 15 at 2:00 p.m. on the fifth floor of headquarters). She suggested that a special meeting take place to discuss committee participation.

Helen Berberian promised more information about this task force, which Supervisor Antonovich asked to reconvene. Though his motion mentioned 400 children considered runaways, Commissioner Biondi remembers a DCFS figure of more than 900 the last time it was reported. The current Board motion also excludes probation youth—of whom 597 are AWOL from group home placements—though the previous task force included them. Chair Kleinberg asked that Ms. Berberian take back the request that probation youth be included.

Commissioner Williams further noted that the Relative Care Committee needed two more representatives besides her, and asked Commissioners to let Ms. Blackwell know if they're willing to help.

- To bring together Commission efforts around prevention, reunification, and permanency, literature was developed to explain the Family+County+Community Contin-

uum of Care (FC4) partnership to support families and children. The packet will contain three documents: the principles of FC4; a graphic showing how families and communities relate to primary, secondary, and tertiary prevention and after-care support services; and a graphic showing the types of services available.

It was agreed that “prevention” should be added to the headings of the secondary and tertiary circles, and that the summary sentence on the graphics pages further clarify that county agencies are involved in providing services. Commissioners discussed the different versions of the first graphic, and voted for a combined rendering with some further modification. For the second graphic, Commissioners agreed that, particularly because of the time and effort it would take to find culturally sensitive icons, the services should be referred to in words.

ANNUAL REPORT

Vice Chair Rudnick moved that the Commission’s annual report be approved, and Commissioner McClaney seconded the motion. It was unanimously approved, with Chair Kleinberg praising Ms. Blackwell for her work on the document.

ECC BLUEPRINT

Commissioners received a copy of *Expecting More: A Blueprint for Raising the Educational Achievement of Foster and Probation Youth* developed by the Education Coordinating Council (ECC), as well as a draft letter to the Board of Supervisors urging its adoption. Commissioner Biondi suggested copying Paul Higa and Virginia Snapp on the letter, as well as the Public Defender’s office.

Commissioner Williams moved that the Commission send the letter to the Board of Supervisors and support the adoption of the ECC’s Blueprint. Commissioner Biondi seconded the motion, and it was unanimously approved.

DIRECTOR’S REPORT

- With regard to IV-E waiver status, David Sanders and Judge Michael Nash recently met with representatives from the state. They were informed that although no questions remain on the program side, some linger on the financial side, primarily from the Office of Management and Budget. In any case, a bill just signed ends waiver authority in March 2006, though there is some hope of getting it attached to another bill.
- Dr. Sanders is working on the department’s budget with the Chief Administrative Office, in seven broad areas:
 - The countywide expansion of concurrent planning
 - The expansion of the Permanency Partners Program (P3) to serve 1,000 children
 - The expansion of team decision-making
 - An increase in kinship resources
 - The expansion of emergency response and command post staff to reduce case-loads, which are higher here than in many comparable jurisdictions

- The expansion of human resources staff, which will help tie individual performance measures to departmental outcomes
- Finance, to make sure that individuals and agencies are paid on time

Additional IT staff are also desired; the Chief Information Office is not supporting that request, however, so it does not yet appear in the budget.

- Los Angeles's city attorney held a press conference this morning to announce the formation of a task force to ensure that schools report suspected child abuse and neglect. The task force will include the Los Angeles Unified School District and other school districts, the District Attorney, the city attorney, DCFS, and the Los Angeles Police Department. The city attorney released a protocol—copies of which Dr. Sanders will provide to the Commission—that both the police department and LAUSD's board chair said would be used by their organizations.
- As part of his study of recent high-profile child deaths in New York, Dr. Sanders is putting together a comparison of the two systems for the Board of Supervisors that should be finished within the week. Several items stand out:
 - Los Angeles completes twice the number of emergency response investigations that New York does, even though its population is not nearly twice the size.
 - Los Angeles has a significantly lower re-entry rate into foster care.
 - Los Angeles has a lower occurrence of re-abuse.
 - New York performs an initial risk assessment, but not a safety assessment.

FIRST 5 LA—PARTNERSHIPS FOR FAMILIES

Dr. Dawn Kurtz from First 5's planning and development section and Dr. Antoinette Andrews, from research and evaluation, distributed that organization's recent annual report and reviewed the Partnerships for Families (PFF) initiative, which will invest \$50 million over the next five years in child abuse prevention. First 5 is partnering with DCFS in this initiative, whose target populations are:

- Children age five and younger who were referred to DCFS but have no open case, and who are classified as *high* or *very high* risk by the Structured Decision-Making tool (SDM)
- High-risk pregnant women—mothers with domestic violence, substance abuse, or mental health issues; and teen moms (to be referred to PFF by local law enforcement, birthing hospitals, and medical or domestic violence personnel)

The three main components of the initiative are:

- Direct prevention services—case management, concrete services, intensive services for special needs, family supports, and referrals/linkages to auxiliary community support (80 percent of funding)
- Capacity-building, within the agency and the community (15 percent)

- Performance monitoring and accountability—agency-level and initiative-wide evaluations that will track performance measures and other benchmarks of success (5 percent)

PFF will be active in a single region in each of the county's eight service planning areas (SPAs). For year one (\$8.7 million in funding), these regions were chosen based on data from 2004's SDMs, but the tool was not being used in every DCFS office at that time. In years two through five, areas of activity will be selected based on 2005's SDM statistics. PFF lead agencies were chosen last month and contract negotiations are now almost complete for a start date of February 1. Through the efforts of these lead agencies, it is intended that entities not traditionally involved in child-abuse prevention—some of which were specified in the RFP—become part of the collaboratives.

Commissioner Ramallo asked about targeting women with previous abuse complaints, or whose children had been removed in the past, and about coordinating with the Probation Department for referrals from the delinquency system. PFF makes no provision for referrals from county agencies other than DCFS, Dr. Andrews explained; the structure relies on the expertise of the lead agencies for reaching out to at-risk mothers. The initiative begins, however, with a five-month start-up period in which further strategies may be considered. In the regular trainings and best-practices seminars that lead agencies will be attending, Commissioner Ramallo suggested giving them tips on how to work with the family and juvenile courts, as well as other community partners such as housing agencies that may experience high incidences of drug trafficking and other relevant activity.

First 5 staff are working closely with county departments to look at other resources—Mental Health Services Act funds, for instance—that can mobilize financial and social capital to make sure that the safety of families becomes a community responsibility, and so that efforts can sustain themselves beyond the initiative's five years. Key goals include the agencies' examining their internal policies and practices to make sure nothing is inhibiting their ability to serve families, and building their capacity to create partnerships and foster relationships. Five out of the eight lead agencies also provide family preservation services, and the PFF initiative requires a similar collaborative structure, with sub-contractors, multidisciplinary meetings, etc.

The evaluation team studying the initiative includes Dr. Todd Franke from UCLA, Dr. Devon Brooks from USC, and a representative from the Juvenile Protection Association in Chicago who previously worked for Chapin Hall, evaluating an initiative from the Center for the Study of Social Policy.

Commissioner Ramallo asked about didactic parenting training, which national research has shown to be effective, saying that little evidence exists about how effective court-mandated parenting classes are, especially for individuals with limited reading skills. Dr. Andrews said that PFF is not being prescriptive with regard to various service models, leaving it up to the agencies to use what works best within their different communities, and relying on joint trainings to bring promising approaches to the table.

With regard to serving at-risk children who have *not* been referred to DCFS, Dr. Andrews acknowledged that with the amount of money involved, they knew they would not reach everyone. She was not sure if First 5 tracks the number of child abuse reports being made from its other initiatives, but all PFF subcontractors will get training on mandated reporting, including the child care providers required to be part of the collaboratives.

Commissioner Williams mentioned a letter from Children's Institute, Inc., about the paucity of agencies in SPA 6—only two, it said—qualifying for the initiative's RFP. Dr. Kurtz reported that 33 proposals were received in total, but she remembered more than two from SPA 6. The RFP mandated that lead agencies be housed in specific ZIP Codes that make up the critical areas that First 5 as a whole has pledged to serve.

Recalling some instances of family preservation agencies wanting to serve the 'easy' families (to improve their evaluation statistics), Chair Kleinberg asked whether PFF agencies could decline to work with difficult families. This is not the initiative's intention, and Dr. Kurtz said that the issue would be brought up next week with the regional administrators and staff involved in developing the referral protocol.

Commissioner Ramallo asked about children within the target age range who may have older siblings—how will the whole family be served? By law, First 5 money can go only to children age five and under, but PFF agencies are required to bring in partners that offer supports for older children so that families are not split up when they receive services. Dr. Andrews said that staff want the different administrative pots of money to be a 'back-room issue,' invisible to client families, and that they are looking at how family preservation and family support monies can work with PFF dollars. A provision in Proposition 10, which created First 5, also allows for funding 'systemic reform,' Commissioner Biondi said, to change DCFS practices and improve the system as a whole.

MEDICAL HUBS UPDATE

Dr. Charles Sophy distributed a packet of information relating to the medical HUBs:

- A map of the HUBs in relation to DCFS offices and SPA boundaries
- HUB addresses, hours, available services, and personnel
- An explanation of how public health nurses in DCFS offices interact with the HUBs
- Names and contact information for the public health nurses in DCFS offices
- An explanation of how HUBs maintain and access children's medical information
- An explanation of the HUBs' relationship with community providers
- An explanation of the HUB transportation support system, needed in outlying areas such as the Antelope Valley and the east San Gabriel Valley; a three-month pilot program involving taxi vouchers began this month and is expected to expand countywide in July

- A sample HUB referral form
- A letter to caregivers detailing HUB locations and dates for initial HUB town-hall meetings, which are planned every six months

Not included in the packet were plans to connect the Probation Department to the HUBs, which Dr. Sophy feels is vital to ensure that both the crossover and general probation population have expert eyes for their evaluations. He is exploring options to finance this service for DCFS children going into the probation system.

Approximately 150 children a month will be served at the larger medical centers, and between 40 and 50 at the smaller facilities, with the total caseload being served in stages. First, all newly detained children will visit a HUB, according to court order. (Children under three or with certain medical conditions must go immediately; otherwise, they are seen within 30 days.) Then the HUBs will examine any child who is injured in care, whose condition needs a second opinion, or whose medical case plan is being rebuilt. With longer-term cases, a HUB visit is planned at each six-month review or if a regular team decision-making meeting finds something of a medical nature. Within a year and a half, Dr. Sophy said, all DCFS children will have been evaluated at a HUB. Though it is ultimately the caregiver's responsibility to transport the child, the department will look at transportation issues case by case.

Although only King/Drew Medical Center and LAC+USC Medical Center are now able to perform both forensic evaluations (to determine abuse or neglect) and initial evaluations (done within 30 days of detention), all five HUBs should be able to perform both these examinations by the beginning of May. The forensic evaluations, in particular, need pediatricians who are experts in developmental milestones and the physical and emotional well-being of the child. (Despite the uncertainty surrounding King/Drew's ongoing operations, Dr. Sophy expressed no belief that it would be unable to provide services.) An age-appropriate mental health screening is also done at each referral, which informs the child's medical case plan and serves as stage one of the multidisciplinary assessment team (MAT) process. Upon detainment, MAT's stage two refers the child to a mental health provider. Non-detained cases are looked at individually, based on the screening. In the future, it is hoped that HUBs would also offer links to dental and eye care.

The HUBs work with community medical professionals (and in fact provide quarterly trainings for them), but they are considered primary providers for a child's first visit, prior to detainment. The department is working with the state to access Medi-Cal funds for these visits, which the state has agreed to if DCFS and the HUBs support medical programs on child abuse awareness and other issues.

In March, the LAC+USC Medical Center's Violence Intervention Program will begin automating case files, a process that will eventually link all the HUBs and all regional offices with the health and safety passport.

Judge Nash recently changed the protocol for psychotropic medications—including drugs for ADD and ADHD—which now mandates that all prescription requests from community doctors be approved by the court. The court forwards the request to the department's D rate unit, which contacts the biological parents for an okay. With the parent's consent, the request returns to the court, which makes a final decision. The department tracks all requests in the D rate unit, with a trigger at month five to let D rate workers know that another prescription is due. (Policing doctors who make inappropriate recommendations is a significant problem for the department, Dr. Sophy said.)

Commissioner Biondi asked if this protocol could be shared with the Probation Department, since no tracking is done there at all. Medication is dispensed only in the juvenile halls and at Challenger, but no mental health counseling is supplied and staff have no technical background in psychotropic effects. Behavioral problems caused by disruptions in medication are interpreted as acting-out, and kids are threatened with the California Youth Authority or with the revocation of their probation. The identification of youth on medication is critical, Commissioner Ramallo said, and Probation needs staff who understand the topic. Dr. Sophy promised to facilitate the issue as best he can.

Noting that Metropolitan State Hospital is now closed to crossover and probation youth, Commissioner Biondi expressed grave concerns for former MacLaren Children's Center youth. The Probation Department does not have personnel who can deal with these very seriously emotionally disturbed youth, and there is nowhere in the county for them to go but jail. She urged a collective effort to deal with this population, saying that allowing Metropolitan to close admissions is simply wrong.

Commissioner Biondi also asked Dr. Sophy if anything could be done to help the Probation Department access Medi-Cal's 'suspended' status so that youth exiting the juvenile halls or probation camps—where Medi-Cal is cut off—can be immediately reinstated instead of spending weeks without coverage while the paperwork is taken care of. Dr. Sophy, who is aware of the problem, will be bringing a Medi-Cal expert into discussions with Probation to explain how DCFS uses the 'suspended' designation.

PUBLIC COMMENT

There was no public comment.

MEETING ADJOURNED